

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		<i>05/11/01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>T.A</i>	<i>SC 844</i>	<i>06/01/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1-11-02	
2-02-02	
5-23-03	
9-11-03	
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Claim	Date
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Original	
8-02-03	
5-24-03	
9-11-03	
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Claim	Date
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If more than 150 claims or 10 actions  
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